V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICAT	ΓE	OF	DEATH
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1 -	-	4	1	0	
U	3	1	5	2	5
	10	-85	60		

1. PLACE OF DEATH County Prince Geor	308.	Registration Dist. No. 239				
Village or City Laurel	Maryland.	No. Laurel Sanitarium. St. Was				
Length of residence in city or town w		If death occurred in a horpital or institution, give its NAME instead of street and number is. ds. How long in U.S. if of foreign birth? yrs. ds.				
2. FULL NAME JULIUS	ABBOTT.					
(a) Residence: No. 5420 (Connecticut Ave. N. B (Usual place of abode)	Is Sashington D. C. If nonresident give city or town and State				
PERSONAL AND STAT	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE White.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("arrite the word)	21. DATE OF DEATH May 18 1934 , 193 (Month) (Day) (Year)				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joans. Abbo	tt.	22. I HEREBY CERTIFY, That I attended deceased from June 14 10 32 . May 18 1934				
6. DATE OF BIRTH (month, day, and year)	Sept 11 1851	I last saw h im alive on May 18 19 34 death is sale				
7. AGE Years Month 82 8		to have occurred on the date stated above, at 1.30 a.m.				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Retail salesman Men's clothing. 11. Total time (yeers) spent in this occupetion	Senile Psychosis. Since June 14 1932				
	COMO •	Other Contributory Causes of Importance: Chronic myocarditis indefinite.				
13. NAME Solomon Abbot 14. BIRTHPLACE (city or town) (State or country) GETT	nanyo	Neme of operation none Date of XXX What test confirmed diagnosis? Clinical examples there an autopsy?				
15. MAIDEN NAME Henrietta 16. BIRTHPLACE (city or town) (State or country) GETT		23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?				
17. INFORMANT Clinical reco	ords.	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. 1000				
18. BURIAL, CREMATION, OR REMOVAL Place SISSEN AV - C	Date 24/24 20 , 1934	Manner of Injury 3000000000000000000000000000000000000				
19. UNDERTAKER B. Maue (Address) 350 198	m Mashears	24. Was disease or injury in any way related to occupation of deceased? 10 If so, specify (Signed) M. D				
If	nore blanks are needed, address State Registrar.	(Address) Laure Santalum., 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	t i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
· BURDAL			
Other contributory causes of importance:	- A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• 141	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	ounty PRINCE	TH GEORGES	3		Registration Dist. N	10. 239	
Village or City LAUREL Length of residence In city or town where death occurred O yrs 1 mos. 2. FULL NAME MISS MARGARET ANDERSON. (a) Residence: No. 87 Narrows Park, Cumberland				ERSON •	No. LAUREL SANITARIUM death occurred in a hospital or institution, give its NAME instead ds. How long In U.S. if of foreign birth?	St., Wa document and number)	
(8	a) Residence: No	01 1011	(Usual place		Ward. If nonresident give city	y or town and State	
P	PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF	DEATH	
3. SEX	ale wh	R OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 30	1934. (Year)	
5a. If mai HUS (or)	rried, widowed, or divo BAND of WIFE of sing	rced			22. April 8 1934 19 10 May 30		
6 DATE	OF BIRTH (month, day	and year) Mi	y 25 190	0	last sawher alive on May 30 1934.	, 19; death is s	
7. AGE 34	Years	Months O	Deys 5	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1.6.30 Pm The PRINCIPAL CAUSE OF DEATH and related causes of imwere as follows:	M.	
5	kind of work done, SAWYER, BOOKKEE Industry or business in work was done, as S SAW MILL, BANK, o Date deceased last wor this occupation (more year)	PER, etc(Stenograp Off-ice-ma Fire Mfg. 11. Total sp. ocs	nager,	Drowning, in water, suicidal	. •	
	HPLACE (city or town) State or country)	Ocean,	Maryland	le .	Other Castributary Causes of Importance: Manic Depressive Psychosis.	*******	
Œ 13. N	NAME John	R. Ander	rson		Depressed type. Since Feb 1	934•	
13. N	BIRTHPLACE (city or to (State or country)	wn) Scot	land.		Name of operation none Date of		
15. MAIDEN NAME Katherine Brouten 16. BIRTHPLACE (city or town) Scotland. (State or country)				23. If deeth was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide?	injury1934, 19		
17. INFORMANT (Address) arium.				1 Sanit-	Where did Injury occur? Resevoir near Laurel Md. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Laurel Sanitarium.		
18. BURIAL, CREMATION, OR REMOVAL Place			cac 1, 1934	Manner of injury Suicide by drowning. Nature of injury XXXX			
19. UNDE	RTAKER Address)	9 Tac	house	dan	24. Was disease or injury In any wey releted to occupation of If so, specify	deceased? no	
20. FILED	muy30	,34 M	Brook	ieacs	(Signed) / lackler	/// M	

CTATE OF MADVI AND

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH	STATE OF MARYLAND
County Bien Goorge's	CERTIFICATE OF DEATH
County	Registration Dist. No. 237
Village or City Agleasso (No	St.: Ward) (If death occurred I a hospital ir institution, give its NAME ir
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
James Loden d Wilson Single	16 DATE OF DEATH 71104 21 4, 193 4 (Month) (Day) (Year)
6 DATE OF BIRTH	i HEREBY CERTIFY, That I attended the deceased from
May 19, 1934	192 . to
7 AGE [If LESS tha	n and that death occurad on the data stated above, at
yrs. mos. Z ds or min.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos.
9 BIRTHPLACE (State or country) Hour face A	Secondary Lead two stays a latter found to be secondary Leads in Est. (Durstion) yes mos
10 NAME OF Albert Legous	(Signed) Noun B Corefer Fraul Reg.
Il BIRTHPLACE OF FATHER (State or country) Many Land	*State the Discase Causing Death, or, in deathe from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Masquish Berry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
18 BIRTHPLACE OF MOTHER (State or country) We on least	At place of death yrs mos 2 de State yrs mos 2 de Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) Gra Juny (Address) Aquaseo Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 224 1984 Formy B. Coule	Sudned f. Gives Agreem len



(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning cfillness. If retired from guged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on Farm laborer, without more precise specification as Day Laborer-Coal mine, etc. (b) Grocery; material Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, Whooping cough; Chronic Chronic interstit al nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of carbolic acid-probably sacide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular etc. The contributory Nomenclature heart disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING -WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05156
1. PLACE OF DEATH	(82-0)
County Trung george	Registration Dist. No. 242
Village or City Fairmolent Hata	No. This are st Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Blackwell John	William
(a) Residence: No. This Q	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3 SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male negro or Divorced (write the word)	May (bay) (193 4
58. If married, widowed, or divorced the Blackswell (or) Wife of	22. I HEREBY CERTIFY, That I attended deceased from
a) cla Islachwell	May 6 ,134, 10 May 15, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IPLESS than	I last sew h 4; death is said to have occurred on the date stated above, 28,25 P. m.
7H 7 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows: Carebral also follows: Date of opport
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL Grant MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the companion (month and the companion) (month a	(Right dille)
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this year) 134 occupation	
200 Pril 0 0	Other Contributory Causes of Importance:
(State or country)	Midaterminad
13. NAME Blackwell Wm	
13. NAME Blackwell Wm 14. BIRTHPLACE (city or town)	Nama of operation Date of Date of
(Stete or country)	What test confirmed diagnosis Was there an au'opsy?
I Conference	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or hombeide? Date of injury, 19
17. INFORMANT Joseph L. Blackswell (Address 306 T 87 M MC P)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place the sign france / 20 . 1934	Nature of injury
19. UNDERTAKER / KINGST STORY	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED HAY 18 1934 Grace Down	If so, specify
plefully - Registrar.	(Signed) Jacob Color Color (Address) 812 - 44 th & NES. D.C
If more blanks are needed, Address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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// /// // 5			
Other contributory causes of importance:		Other contributory causes of importance:	43
Gallstones	May 1,1923	Gastroenteritis	1 year

state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sts UP	1. PLACE OF DEATH	107-0
ould state	County Prince George	Registration Dist. No. 2 42
should of OCC	Village or City Cedan Haghts	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of rasidanca in city or town where daath occurredyrsyrs	
ct statement	2. FULL NAME Goldse Augus	time (Infant)
sta	(a) Residence: No. Ceolas Het (Usual place of abode)	St., Ward. If nonresident give city or town and State
act to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Oay) (Year)
X A C T	5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Two. 19,1932	22. I HEREBY CERTIFY, Thet I attended daceasad from
	6. DATE OF BIRTH (month, day, and year) 10/29/33	1 last saw hair alive on 2, 1934, to man 2, 1934; death is said
rly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, it 5. Re.m.
stated E properly certificate.) lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be so of co	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Joroncho Jeneumona: 4/25/3
should it may n back	9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	wrotion - sne sith a Dro other sunner.
f it on	10. Oate daceased last worked at this occupation (month and yaar)	Chulf.
oplied. AGE erms, so that instructions	12. BIRTHPLACE (city or town) Ceda Haght (State or country)	Other Contributory Causes of importance:
supplied n terms, ee instri	13. NAME Blake Josefah	
4 4	14. BIRTHPLACE (city or town)	Name of operation Data of
y sul lain t See	14. BIRTHPLACE (city or town) State or country)	What test confirmed diagnosis? Plante and S. Was there an autopsy?
	# 15. MAIDEN NAME Storing grabel	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
E H L	16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide?
of be cal	(State or country) many land	Whara did injury occur? (Specify city or town, county and State)
on only be careful OF DEATH in preery important.	17. INFORMANT Color Colo	Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
200	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place My nebo lew Oate 9/3 1934	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER Hury & Washington	24. Was disease or injury in any way ralated to occupation of daceasad?
	20. FILED May 5", 1934 Grace alow	(Signad) Theodore Pinckney M. O
(T)	Registrar.	(Addrass) 8 2 - 1 4 The St Mars 105
5	If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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			١.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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M	RECORD. Every item of infor- PHYSICIANS should state Exact statement of OCCUPA-
V.S.No.1	N. B.—WRITE-PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Co	ountyP:	rince Geo:	rge		Registration Dist. No. 24	2
Vi	llage or City	Seat	Pleasant	(1	No. St., If death occurred in a hospital or institution, give its NAME instead of street and most street and most street. St., ds. How long in U.S. if of foreign birth? yrs. most street.	wanumber)
		E Stillb				
		: No			St Ward.	
D	EBSONA	L AND STATIS	(Usual place o		If nonresident give city or town and	State
3. SEX	-	L AND STATIS	1	RIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
F	emale	Colored		(write the word)	21. DATE OF DEATH May 25 (Month) (Day)	, 193 4 (Year)
HUS	ried, widowed, BAND of WIFE of	or divorcad			22. I HEREBY CERTIFY, Thet I ettended	
6. DATE	F BIRTH (mo	onth, day, end yeer)	May 25.	1934		
7. AGE	Years	Months	Days	If LESS than I day,hrs.	to have occurred on the deta stated ebove, atm,	
0	SAWYER, BO	n, or particular k done, as SPINNER, OOKKEEPER, etc iness in which one, es SILK MILL, BANK, atc	~~~		STILLBORN	Date of onse
10. 0	this occupati	BANK, atcast worked at ion (month end		me (yaars) t in this petion		
	PLACE (city o	r town)Sea	it Pleasa	nt	Othar Contributory Causes of importence:	
13. N	AME	Walte	r Blake			
14. BI	RTHPLACE (ci		Geo. Co	., Md.	Name of oparation Date of Whet tast confirmed diagnosis? Wes there en et	
15. M	AIDEN NAME	Elnor	a Queen		23. If deeth wes due to axtarnal ceuses (VIOLENCE) fill in elso the following:	
15. M	RTHPLACE (ci	ty or town) Pr	Geo. Co	., Md	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
	ddress)				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAI	CREMATION	Plaasa	Datellay	25,1934	Mannar of injury	
19. UNDER	TAKER		· · · · · · · · · · · · · · · · · · ·		24. Wes disease or injury In eny way related to occupetion of deceased?	
20. FILED_		19			(Signed) I headore Vinella	nen M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	-	Example II	
The principal cause of death and placed causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

m,

STATE (OF MARY	LAND-	-CERTIFICATE	OF DEA	TH .	E (E()
1. PLACE OF DEATH	0.4		159		U	0100
County Pruge	e Lery	ges		Registration D	ist. No. 2	3/
Village or City Black	leus fall	ru	No. 050x / (7	1 John 7	tourles	Ward
Length of residence in city or town where	deeth occurred	Arsmo	If death occurred in a hospital or institu s	ution, size its NAME	instead of street and	d number)
7-1	12		seee_your long in 0.5. if (nt totelän bittut	yrs	mosds.
2. FULL NAME ONLY	1000	the H	-,00			
(a) Residence: No. 1544	(Usual place of	Apode)	ward.	If nonresident o	ive city or town as	nd State
PERSONAL AND STATIST	TICAL PARTIC	ULARS	MEDICAL C	ERTIFICATE		no State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH		,	
MW	OR DIVORCED	write the word)	may	(Month)	(Day)	, 193
5e. If married, widowed, or divorced HUSBANO of		0	0			(Year)
(or) WIFE of			1-1111-11	CERTIFY	, That I attende	d deceased for
6. DATE OF BIRTH (month, day, end yeer)	ma 11	1.102	Clast saw h Aug alive on	19 54 to	()	34/
7. AGE Yeers Months	Deys	If LESS then	to heve occurred on the date stete	ed shove and A	19	deeth is said
		1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			
8. Trade, profession, or particular		OTIIIIII.	were es follows:	1		Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.			(VSO TOTAL	twit.		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this securation (month and)	9/00/100	- W		
10. Date deceased last worked et	11. Totel time	(voore)	***************************************			
this occupation (month and year)	spent i	n this				
12 DIDTUDIACE (situation)	me		Other Contributory Causes of Impo	ortance:		
12. BIRTHPLACE (city or town) (State or country)						
13. NAME Charles	1 houses 1	Breeze				
13. NAME Charles 14. BIRTHPLACE (city or town)	Prashing	ton	Name of apprehing			
(Stete or country)	100		Name of operation		Date of.	
15. MAIOEN NAME Eleanor &	yle . Of	bb.	Whet test confirmed diegnosis? 23. If death wes due to external cau			
16. BIRTHPLACE (city or town) B. a.	Himme		Accident, suicide, or homicide?			
(State or country)	med	~~~~~~~~~~~	Where did Injury occur?		te of mjury	, 19
17. INFORMANT Colius:	Bowen	_	Specify whether injury occurred in	(Specify city or to	wn, county and Sta	ate)
(Address) BOX - 154-	Hallow	llema	***************************************		-, 01 111 1 0 0 2 10 7 1	LAUL,
18. BURIAL, CREMATION, OR REMOVAL	1 000	- 1/	Manner of Injury			
Place BLADENS BURG 711	Deto May	11-, 19 34	Neture of Injury			
19. UNDERTAKER T. Casch	18 - Son	S	24. Was disease or injury In eny w	ey related to occupati	on of deceesed?	m
(Address) Styatt Sult	LE ma		If so, specify	0		- 0
20. FILED May 11 7, 1934	Velu &	Registrar.	(Signed) (Address)	or pa	me	M. D.
If more	blanks are needed, addr		2411 N. Charles Street, Baltimore, Rec	questing V. S. No.	J. J. J.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	EMENTS BY PHYSICIAN
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V. S. No. 1

)	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	of i	pli	CC
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	y it	50/	O
	ver	Z	nen
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V. S. No. 1	B.	(T
>	Z	-	_

See instructions on back of certificate.

TION is very important.

, STATE OF MARYLAND—	CERTIFICATE OF DEATH 05160
1. PLACE OF DEATH	93-6
county / muce Lerry	Registration Dist. No. 2, 40
Village or City Drandy Coline	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in a grant town where geth occurredyrsmes.	ds. How long in U.S. if o1 foreign birth?yrsmosds.
2. FULL NAME M. Wilce Bown	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 20, 193 4. (Mooth) (Day) (Yéar)
54. If married, widowed or divorced HUSBAND of	22. On I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Maber U. 120wel	May 1 193 4 10 May 20 1934
6. DATE OF BIRTH (month, day, and year) NOV 18-1859	Hast saw here alive on Man 20 1,1924; death is sald
7. AGE Years Months Days II LESS than	to have occurred on the data stated above, at 10 P.m.
74: 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, August SAWYER, BDOKKEEPER, etc.	Chronice Must and time
9. Industry or business in which	Pulianaux Conjection
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Wrandy Woul	
(State or country)	
13. NAME / Illiam / Lasly	
13. NAME / Valleam A. Carly	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Darch C Sleword 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Man Jawa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & Mark	
Place Lepher Mallow Date May 22, 1934	Manner of Injury
Rtl. Al	Nature of Injury.
19. UNDERTAKER WALL GOVERN	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Upper Mailoro Mag	If so, specify (Signed) AN Glease At Cobons M.D.
20. FILED May 2st, 1924 Mw. J. Sell Registrar.	(Address) Proom and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—I

STATE OF MARYLAND— 1. PLACE OF DEATH County Page 5 Co. C.	CERTIFICATE OF DEATH 65161 Registration Dist. No. 1493
	No. A ward to the word St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(a) Residence: No. garnica (Usuel place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (curite the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of not Know	
6. DATE OF BIRTH (month, day, and year) about 1906	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Jama 2122 May 14, 1931
12. BIRTHPLACE (city or town) A Control of the State	Other Contributory Causes of importance:
(State or country) Canada "" 13. NAME arthur Brooke	near Bourie race troes
13. NAME arthur Brooke 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
Stata or country)	Accident, suicide, or homicide?
17. INFORMANT And Wright Hamilton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Down Date My 10, 1939	Manner of injury
19. UNDERTAKER M. Filachung Jens (Address) Briois	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED May 14, 1934 & Muneaus Sw. Registrar.	(Signed) Horace Jaylovor commo.
If more blanks are needed, address State Registrar	2477 N. Charles Sweet Relimons Processor 671 C N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years of the cased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
IRE.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Ru, Mau	F		

2-		THER STATEMENTS BY PHYSICIAN	fit.
7		information in red	ju wu
forom 1	1. J. G. Janeaster	may 31, 1934	

V. S. No. 1

#	item of infor- s should state of OCCUPA-
	RECORD. Every PHYSICIANS Exact statement
R BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
RGIN R	ITH UNFADING Ily supplied. AC plain terms, so th
•	should be careful OF DEATH in s very important.
-	mation CAUSE TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05162	
1. PLACE OF DEATH	92-0	
County Prince Levyer	Registration Dist. No. 232	
Village or City Mear Lectan of hed	NoSt.,W	/ard
2 1/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Farm a Burley		
(a) Residence: No. Upfor Maiebook. (Usual place of abode)	Mard. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 3, 1934 (Month) (Day) (Year)	
5a. If married, widowed or diworced Bushing HUSBAND of	(Month) (Day) (Year)	,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f	
1864 - 1869 1 10 10	Upril 28, 193 y, to May 2 1, 19	3-4
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on 12 aug 17 193 , death is	sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 3 m.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	neet
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	p-f	
4 9. Industry or business in which	Cohevere Valundar heart 193	
work was dona, as SILK MILL, SAW MILL, BANK, etc	and and	
10. Date daceased last worked at this occupation (month and year)		
100 04 00	Other Contributory Causes of importance:	19
12. BIRTHPLACE (city or town) / Lucy & Grand Co	H. I III	
13. NAME Robert Magneder	119horane conquetoris 3 de	4
13. NAME Cobert Magnider 14. BIRTHPLACE (city or town) Museum	June 42	
14. BIRTHPLACE (city or town) Multiple (State or country)	Nama of operation Date of	
	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Lamus adams	Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) why mailbrish	/	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place / Y Date May 17, 19, 4	Nature of injury	
19. UNDERTAKER A CALLED MAN	24. Was disease or injury in any way related to occupation of deceased?	
The man was	If so, specify	
20. FILED May 18, 1939 Cult Registrar.	(Signed) (Address) Galder Machael	M. D.
1		-1-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
KAIREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11/12/11/1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.16

EXACTLY. PHYSICIANS should state PERMANENT RECORD. Every item of infor-

Exact statement

properly classified.

of certificate.

See instructions on back

TION is very important.

of OCCUPA-

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ARGIN KENERVED FOR	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be proper
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N. B.-WRITE PL

V. S. No. 1

	CERTIFICATE OF DEATH 05163
1. PLACE OF DEATH County PRINCE GEORGE	Registration Dist. No. 23/
Village or City ZANDOVER (If Length of residence in city or town where death occurred 10 yrs	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME NANCY MARINDA CHAP (a) Residence: No. 2ANDOVER (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Manth) (Day) (Year)
5a. If merried, widowed, or divorced that the Chapman (or) WIFE of WIFE A 20, 1840	22. PI HEREBY CERTIEX, That I attended deceased from 1934, to May 5, 1934 I last saw has alive on May 5, 1934 ideath is said
7. AGE Years Months Deys If LESS than 1 day, hrs. or min.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spent in this occupation.	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) FRANKLIN PARISH (State or country) 20 U ISA HA 13. NAME MARTIN SPRUELL 14. BIRTHPLACE (city or town) FRANKLIN PARISH (State or country)	
14. BIRTHPLACE (city or town) FRANKLIN PARISH (State or country) 2 A:	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME PHEBIE D'YSON 16. BIRTHPLACE (city or town) FRANKLIN PARISH (State or country) 2A	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs James Henry Coffey (Address) LANDOVER. JMADET	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL U.S. National country Place CETTYS BURCPADAte May 7 -, 1934	Manner of injury
19. UNDERTAKER + Gascler South of Chyother Street of Chyother South of Chyother Sout	24. Was disease or injury in any way releted to occupation of deceased? If so, specify
20. FILED May 6, 193 H Helen Stack Local Registrar.	(Signed) Chewry M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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. No. 1	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
4	B	

Exact statement of OCCUPA-

properly classified.

be

certificate.

TION is very important. See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

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1. PLACE OF DEATH County Prince Lengts Village or City Slen andem Length of residence in city or town whera death occurred yrs. mos. 2. FULL NAME Mary Rosie Lee Chisle (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) F Colored HUSBANO of (or) WIFE of S. DATE OF BIRTH (month, day, and year) Lune 17. (93)	St., Ward. If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attanded May 24, 19, 34, to May 11 attanded May 24, 19, 34, to May 19, 19, 34, to May 19, 34, to May 19, 34, to May 19, 34, to May 19, 19, 34, to May 19, 34, to May 19, 34, to May 19, 34, to May 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	Warnumber) nos. di d State (Year)
Village or City Length of residence in city or town whera death occurred	No. No. No. death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. yrs. yrs. If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH May (Month) (Day) 22. I HEREBY CERTIFY, That I attanded May 24, 19, 34, to May 27, 19, 34, to 1 last saw h	War number) nos d d State , 193 4 (Year)
Length of residence in city or town whera death occurred yrs. mos. 2. FULL NAME Mary Rosie Lee Chisle (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) F Colored HUSBANO of (or) WIFE of	No. No. No. death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. yrs. yrs. If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH May (Month) (Day) 22. I HEREBY CERTIFY, That I attanded May 24, 19, 34, to May 27, 19, 34, to 1 last saw h	War number) nos d d State , 193 4 (Year)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? yrs. m y Legalle adv tal St., Ward. If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attanded may 29, 19, 34, to 1 last saw h. en. alive on may 1, 19, 34.	d State , 193 (Year)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE Colored F Colored F Colored HUSBANO of (or) WIFE of	St., Ward. If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attanded May 24, 19, 34, to May 11 attanded May 24, 19, 34, to May 19, 19, 34, to May 19, 34, to May 19, 34, to May 19, 34, to May 19, 19, 34, to May 19, 34, to May 19, 34, to May 19, 34, to May 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	, 193 4 (Year)
S. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single HUSBANO of (or) WIFE of	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH May (Month) (Day) 22. I HEREBY CERTIFY, That I attanded May 21, 19, 34, to May I last saw h. a. alive on May 19, 34	, 193 4 (Year)
T Colored OR DIVORCED (write tha word) ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	May (Month) (Day) 22. I HEREBY CERTIFY, That I attanded may 29, 19, 34, to may 19, 19, 34 I last saw h. en alive on may 15, 19, 34	decaased fro
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded May 29, 19, 34, to May 34, to 1 last saw h. a. alive on May 35, 19, 34	decaased from
DATE OF RIPTH (month day and year)	I last saw her alive on many of 19 34	, 19_ \$ Z
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	; daath is sal
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Bronch . Preummia	7
SAW MILL, BANK, etc		-
(State or country) (State or country)	Other Contributory Causes of Importance: Measles	5/24/3
5 13. NAME		-
14. BIRTHPLACE (city or town) When we (Stata or country)	Name of operation Oate of	-
15. MAIDEN NAME Rodelly 10. 00	What test confirmed diagnosis? Was there an :	
15. MAIOEN NAME Rodella Llurull 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicida, or homicide? Date of injury	
7. INFORMANT (And) many chisley (Address)	Where did Injury occur?	ACE.
8. BURIAL, CREMATION, OR REMOVAL Place and wore may 30, 19 3	Manner of Injury	
9. UNOERTAKER F. Jewishi Sono (Address) Beaders burg m	24. Was disease or injury in any way related to occupation of deceased?	m
0. FILED 5-36, 1934 Mrs. John U Horsen	(Signed) Jenry June June (Address) Bowle 1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Hilly to the	19		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05165
1. PLACE OF DEATH	92 3
County O Leo	Registration Dist. No. 248
Village or City Dowel, nucl	NoSt.,Ward
1 3/1	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Land bliggs	
(a) Residence: No. // Barail, // Zuc	(SL,walu.
(Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
,	
Flemale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 2, 1934 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
7 7 7	aw 2 1934, to may 2 , 1934
6. DATE OF BIRTH (month, day, and yeer) Mov. 5 ? 1838	Mast sew LLY elive on May 2 , 1934; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 1/0 4 - m.
95 4 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of enset
kind of work done, es SPINNER, House work SAWYER, BDDKKEEPER, etc.	Monte myocardelis ad
kind of work done, as SPINNER, House Look SAWYER, BDDKKEEPER, etc. 9. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deto deceased last werked etc. 11. Total time (years)	myo cardial degeneration,
10. Deto deceased last worked et this occupation (plonts am 1932 spent in this year)	arterios chubris.
12. BIRTHPLACE (city or town) Quantificant	Dther Contributory Causes of importance: Numl
1 1 1	
13. NAME Vannel Vury	
13. NAME CANCEL VIII	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME / LEW / Kebtron	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / ithy / Kebron 16. BIRTHPLACE (city or town) - Humfuntt	Accident, suicide, or homicide?
17. INFORMANT Cuthur Brodon	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bowyl, Tuck	
Place Cot Cursin Charles may 4, 1934	Manner of Injury
The Filadura & Non	7.0
19. UNDERTAKERY , All alling of Gentle (Address) Joroce Mill	24. Was disease or injury in eny way related to occupation of deceased?
7	If so, specify & hancaster
20. FILEDING 2 , 184 V 6 hauseuseelle	(Signed) V.O. Mancella W.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

u s b	1. PLACE OF DEAL	0		
C E C	County 4/2	Ja	de	
should	Village or City	ague	axel	2)
= 6				(I
	Length of residence in cit	y or town where do	eath occurred	yrsmo
7 () ()	2. FULL NAME	Junes	C.W.	day
S X X	(a) Residence: No.	iqua	(Usual place o	f abode)
KECO . PH Exact	PERSONAL AN	D STATISTI	CAL PARTIC	CULARS
	3. SEX 4. COLO	R OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)
FEKMANENT EXACTLY ly classified. ate.	5a. If married, widowed, or divor HUSBAND of (or) WIFE of	rced		
EX EX y cla	6. DATE OF BIRTH (month, day	, and year)	9/5-	1853
IS A PE stated E properly certificate	7. AGE Years	Months	Days	If LESS than
Stated proper ertific	80	7	9	l dey,hrs.
be so of ce	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER,	Farm	w
should be it may be n back of	kind of work done, SAWYER, BOOKKEE 9. Industry or business in work wes done, as S SAW MILL, BANK, e 10. Date deceased last work	ILK MILL,	7 m, 40 cs cs cs cs 40 40 40 cs 40 40 40 40	
AGE sh that it ons on	10. Date deceased last wor this occupation (mor year)			ne (yeers) t in this pation
Se cti	12. BIRTHPLACE (city or town). (State or country)	Ulis	es Co	wil
UNFAI supplied. n terms, a	13. NAME Rich	and	Jour	glas
in st	14. BIRTHPLACE (city or to	wn) fly	000	tred
with efully in plain ant. S	15. MAIDEN NAME	Mrg f	outer	C
rta ita	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn)	060	Tusk
A Bid 5	17. INFORMANT	llin	Doug	flas
	18. BURIAL, CREMATION, OR R	EMOVAL	1	
	Place Mg M	ascon	Dete MASS	4.12,19.34
mation CAUSE FION i	19. UNDERTAKER C	1. 17	und.	,

STATE O	F MARY	/LAND-	CERTIFICATE OF DEATH	5166
EATH 2				013
14. 9	-011		Registration Dist. No 23	7
Vi va		<i>o</i>)		
MILLE	ares	(lf	NOSt.,Step death occurred in a hospital or institution, give its NAME instead of street and r	Ward
in city or town where d	eath occurred	yrsmos.		
Vanie	CW.	Doug	elas	
o. aqua	(Usual place of	ud []	St., Ward. If nonresident give city or town and	State
AND STATISTI			MEDICAL CERTIFICATE OF DEATH	State
OLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	
1-08	OR DIVORCED	(write the word)	May 13	. 193
divorced	young	uce	(Month) (Day)	(Yeer)
alvorcea	0		22. I HEREBY CERTIFY, Thet I attended	deceased from
			an 7 ,1934, to Miller 3	1974
n, day, and year)	915-	1853	f fast law h 2 see alive on May 3/, 1934	; death is soid
Months	Days	If LESS than	to have occurred on the date stated above, at 5-40,4-m.	
7	9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
or particular	-		arteria Recordis.	Date of enset
one, as SPINNER, KKEEPER, etc	Larn	wr	Plymie Wharila	
ess in which , as SILK MILL, NK, etc				
t worked et (month and		me (yeers) t in this pation		
OWN) Elles	es Co	wed.	Other Contributory Causes of importance:	
1			Jerulele -	
lingel	Viere	Alus		

What test	confirmed diagnosis?	. Was there an autopsy?
23. If death	h was due to externel causes (VIOLENCE) fill in el	so the following:
Accident,	suicide, or homicide? Date o	f injury, 19

Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

	•	
Neture of injury		ı

(Address)

Registrar.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1928	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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V. S. No. 1

	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(160-E)	7
County Muce 413	Registration Dist. No.	
Village or City Near Laure	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number	Ward
	sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Payof L. Mustin		
(a) Residence: No. Laurel Md.	St.,Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
Mole White OR DIVORCED (refrice the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 5 Z Month) (Day) (Day)	(Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decea	ised from
6. DATE OF BIRTH (month, day, and year) May 22-34	1 / 25	th is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at	
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Prolopsed Cord 3	ZZ/Z
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this corruption (month and this corruption (month and this corruption (month and this corruption) (month a	Cartially resussitated	/ /
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and spent in this		
year) spent in this occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)		
14. BIRTHPLACE (city or town) Hell		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an autops	y?
15. MAIOEN NAME Police 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,	19
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) Xaurel Wid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR AEMOVAL Place Durante Cle Kal May 271/30	Manner of injury	
rider of the state	Nature of Injury	
19. UNOERTAKER / MACHINE ALLE ALLE ALLE ALLE ALLE ALLE ALLE AL	24. Was disease or injury in any way related to occupation of deceased? 1 occupation of deceased? 1 occupation of deceased?	
20. FILET May 7, 1934 M. Grasheere Registrar.	(Signed) January (Address) January Vice	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PIRAL V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE OF DEATH

FATHER

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in plain terms,

(Stata or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town).
(State or country)

18. BURIAL, CREMAKION, OR REMOVAL

13. NAME

17. INFORMANT _ (Address)

19. UNDERTAKER

(Address)

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	No. St., St., St., St., St., St., St., St.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The property of the word) Fally BAND of (or) WIFE of Phillip plurall	21. DATE OF DEATH May (Month) (Day) (Yea 22. I HEREBY CERTIFY, That I attended deceased 1. 19. 34, to 1. 19. 34, to
6. DATE OF BIRTH (month, day, end year) / 8 9 7 7 7. AGE Years Months Days If LESS than	I last saw her elive on may 22 , 19 16; death Is to have occurred on the date stated above, at 10 2 m.
45 — 1 dayhrs. or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. However fe	Cente Wilatin J. Heart 5/2
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

What test confirmed diagnosis?

(Address)

Where did injury occur?.

Manner of Injury Nature of Injury

Accident, suicide, or homicide?_____

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

24. Wes disease or injury in any way related to occupation of deceased?

(Specify city or town, county and State)

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Example I	-	Example II	
The principal cause of dealinanc related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstical pophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imperiones.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS

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CAUSE OF DEATH in plain terms, so that

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See instructions on back

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Exact statement

E,

STATE OF MARYLAND— 1. PLACE OF PEATH County Village or City Length of residence in city or town where death occurred (if Length of residence in city or town where death occurred (yrs	Registration Dist. No. No. 37/5 — Caref Lee St., Ward death occurred in a horpital or institution/give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corne Erlher Corh	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of onset
S Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc.	franklant h. hm.
kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme).	Getalula of hear? as he
10. Date deceased last worked at 1928 11. Total time (yeers) spent in this occupation week yeer)	hat Chini bypcondiles
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Janus English 14. BIRTHPLACE (city or town)	Name of operation a Plus Property Date of
15. MAIDEN NAME Maleda he Jumphlen 16. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicidé?

(State or country)

17. INFORMANT Relle & L'Euro

(Address)

Place for fraction of Removal And Date 129, 193

19. UNDERTAKER
(Address) / Galls alle, Bert
20. FILED May 7, 1934 / Lawy hally M. N
Registrar.

Menner of injury

Neture of injury

24. Was disease or injury in eny way related to occupation of deceesed?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Signed) (Address) Man Quantity (Address)

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geografi V. S. M			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE (OF MAR	YLAND-	CERTIFICATE	OF DEAT	ſΗ (15170
1. PLACE O	F DEATH			<u> </u>			
County Village or	City Hyall	ville.	mel	No. 5 Hells	Registration D	ist. No. 2	H 5 Ward
				f death occurred in a hospital or inst		instead of street and	number)
	sidence In city or town where	death occurred(J_yrs,Omos	s O.ds. How long In U.S.?	of foreign birth?	E-yrs. O	nos. O ds.
2. FULL NA	501.00	u m	matur	- Troom Oa	del -	Swell	nol
(a) Reside	nce: No. & 7 rec	(Usual place	of abode)	St., Ward.	If nonresident gi	ve city or town and	d State
PERSOI	NAL AND STATIS			MEDICAL	CERTIFICATE		
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	May	8	, 193.4
5a. If married, widowed, or divorced HUSBAND of						(Day)	(1601)
(or) WIFE of				May THEREB	YCERTIFY	. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) May 8/3 4				I last saw her selive on	1934 to 1	# 1031	K; death Is said
	ears Months	Days	If LESS than	to have occurred on the date sta	ated above at 1 P2	sur att	A My
0	0 0	0	1 day, Ohrs. or_ O _min.	The PRINCIPAL CAUSE OF DE were as follows:	1170/	of Importance	Date of onset
8. Trede, profi	ession, or particular work done, as SPINNER, = R, BOOKKEEPER, etc			Probable	Have	work	
	business in which as done, es SILK MILL, ILL, BANK, etc.			- Marine St	RL Jun	7	-
10. Date decea this occurrency	sed last worked at upation (month and	spei	ime (years)				
12. BIRTHPLACE (d	city or town) & Me	ls em	2	Other Contributory Causes of im	portance: Colo	۷	
(State or con	om Entrell	John E	WELL.				
13. NAME	E (city or town) Fa	irlax	Va.	Name of operation	~~~~	Oate of	
(State o	or country)			What test confirmed diagnosis?_			autopsy? ho
15, MAIOEN N.	AME Edma	you	200	23. If death was due to external of			
6 16. BIRTHPLAC	E (city or town) Hall	ywor	1	Accident, sulcide, or homicide?_	Da Da	ite of injury	, 19.77
State o	or country)	4	mid.	Where did injury occur?	(Specify gity or to	own, county and Sta	
17. INFORMANT _ (Address)	Fatter 7 m	other a	fuld	Specify whether injury occurred	in INDUSTRY, in HOM	E, or in PUBLIC PL	LACE.
18. BURIAL, CREMA	TION, OR REMOVAL	Q Dete W.	248-,1934	Manner of Injury			
19. UNOERTAKER	Or, Jasel	V Sout		24. Was disease or injury in any	way related to occupati	ion of deceased?	no'
(Address)	Etyallwell	e m d	0	If so, specify	7 10		
20. FILED Ma	8,1934 m	no fas	Dever	(Address)	River	dale	mel.
	If mor	e blanks are neded, a	ddress Stale Registrar,	2411 N. Charles Street, Baltimore,	Requesting U. S. No. 1		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
SUN II WA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	129
County June Llorg	Registration Dist. No.
Village or City Louise Ad (16	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if at foreign birth?yrsmosds.
2. FULL NAME Henry (a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE . 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white Sungle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22/ I HEREBY CERTIFY Int I attended deceased from
6. DATE OF BIRTH (month, day, and year) May/le -1878	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Machines SAWYER, BOOKKEEPER, etc.	Carliae Ayjulophy Date of one
9. Industry or business in which work was done, as SILK MILL,	7.0
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Lassett Lend	Other Contributory Canses of Importance:
(State or country)	Culy Carchae
T	2 mg 1/2 1 5/30/3
14. BIRTHRLAGE (city or town) CC (State or country)	Name of operation Date of Was there an autopsy? 7.4
15. MAIDEN NAME Eliza E. Charry	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) At Illianus Co	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Evelys P. Othite (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date HALL //1934	Nature of Injury
19. UNDERTAKER / LE / C / httq (Address)	24. Was disease or injury in any way related to occupation of deceased? 20
20, FILED June 1, 1934 M Brashears	(Signed) / Marun M.
If more blanks are needed, address State Registrar.	(Address)
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CEDTIFICATE OF DEATH

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	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BEGELVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 144 5 144	July 5,1927	Peritonitis	3 days ago	
	the terms of the				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroentcritis	1 year	

	1PLACE	OF DEATI	40		
	County	PN 0	Tw		
Vil	llage or City	Lau	url	(No.	PORATUE
	² FUL	L NAME	Still	Pront	NA
	PERSON	AL AND S	TATISTIC	CAL PARTI	CULARS
3 9	male	4 COLOR O	RRACE	MARRIED, WIDOWED. OR DIVORC (Write the wo	
6 1	DATE OF BIRT	'н	(Month)	29/3 ((Day)	4,1
7 /	AGE	yrs.	n	nos.	If LES
(b	a) Trade, probarticular kind b) General natusiness, or est which employe	of work ture of indu tablishment i	in C		
9 6	State or cour	ntry)	met		
PARENTS	11 BIRTHPLA OF FATHE (State or 12 MAIDEN I	CE :R country)	m Jones) nie (Hay	»
	13 BIRTHPL		y		

(State or Country)

(Informant)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PLACE OF DEATH	
County Pr Jw	(2)
AMAS STRING GERPORATE LIBITE IN	(3)
TAINAL THE LIMITED BOTH	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...Ward)

(if d-ath occurred in a hospit it or institution, give its NAME is -

NAME JULIAN PROPERTY OF THE PR	number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 5 / 2 (Month) (Day) (Year)
1573-1-11	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 . to
[If LESS than	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
ssion or Of work	Course !
re of industry blishment in or (employer)	(Durstion)yrs ds.
(y) 520t	Contributory Secondary (Duration) yrs mos ds.
Grann Jusier	(Signed) D B flood M. D.
E / Juntry) > md	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
may E Hayes	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
untry)	ients or Recent Residents) At place of deathyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
J. Fisher.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/29, 1984
29 1954M Druskeaus	Louism Eisler Land Md
	, 16 W. Sarstoga St., Balto., Requesting V. S. No. 1.

S. No.

m

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) material Grocery. """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples; Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Nomenclature Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

RESERVED

RGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a weman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example L		Example II	
The principal cause of death and related causes of importance were as follows: $\upmu_{\mbox{$N$}}$	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
· ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS BY	Y PHYSICIAN
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)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
ING	NENT RECORD. E	CTLY, PHYSICI	ified. Exact staten	/
MARGIN RESERVED FOR BINDING	HIS IS A PERMA	be stated EXA	be properly class	of certificate.
GIN RESERVE	FADING INK-TI	ied. AGE should	ns, so that it may	TION is very important. See instructions on back of certificate.
MAR	NLY, WITH UNI	e carefully suppl	ATH in plain tern	nportant. See ins
0.1	-WRITE PLAI	mation should b	CAUSE OF DE	TION is very in

STATE OF MARYLAND—CERTIFICATE OF DEATH

UF	DEATH	001	1

1. PLACE O	F DEATH				93-a)	
County	Pri	nce Ge	orge's	County	Registration Dist. No. 24	2
Village or C	ity Hun	tsvill	e Md.	CIE CIE	No. St, Geath occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of resi	idence in city o	or town where de	eth occurred		ds. How long In U.S. if of foreign blrth?yrsmo	" THE WALL THE
2. FULL NA	ME	George	Tdward	Ford		
(a) Residen	ice: NoH	untsvi	11e Md. (Usual place o	f abode)	St., Ward. If nonresident give city or town and	State
PERSON	IAL AND	STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX	4. COLOR O		5. SINGLE, MARK OR DIVORCED Marri	(write the word)	21. DATE OF DEATH May (Month) (Day)	193 4 (Year)
5a. If married, widow HUSBAND of	ved, or divorced	d				
(or) WIFE of	Cathe	rine F	ord		22. May 19 1934 to May 24	eceesad from
6. DATE OF BIRTH	(month, day, an	nd yeer) S	ept 20.	1854	I lest saw h line elive on May 22 ,1934	; deeth is seld
7. AGE Yee		Months	Deys	if LESS than	to heve occurred on the dete steled above, at 6:30 Pm.	
79 vears	5	8 MO	5	l dey,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	Date of onset
8. Trada, profes	ssion, or pertic work done, as 3 , BOOKKEEPER	culer SPINNER, R. etc.			acute bronchitis	May 12-
industry or work we		hich K MILL.	Farmer			
10. Date decees		l et	11, Totel tir spen occu	ne (yaers) t in this petion		
12. BIRTHPLACE (ci		t Mary	s Count	у	Other Contributary Causes of importance: Lotu Mys Cardily with auli Cardiae decomposisation	may21
13. NAME	mdwar	d Ford				
	(city or town)	st. M	ary's C	ounty	Neme of oparetion Dete of What test confirmed diegnosis? Was there en et	
15. MAIDEN NA	ME Ma	rv Har			23. If deeth wes due to externel ceusas (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Mary Harriott 16. BIRTHPLACE (city or town) Maryland (Stete or country)					Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Bertie Garner (Address) Clinton Maryland					(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL					Menner of injury	
Place O.T.	estvil	In Md.	Dete	28.,, 1934.	Netura of injury	
19. UNDERTAKER _] (Address)			h's Son ville M		24. Wes disease or injury in eny way related to occupetion of deceased?	no
20. FILED May	27,19.	34 4 n	ace de	Pow- Registrar.	(Signed) Style Sensing Sta	M. D.

If more blanks are geeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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	te A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
-	infor- state UPA-	1. PLACE OF DEATH	(87.6)
M)		County Suit band - Prince	Leorge 60 Registration Dist. No. 288
	should of OCC	Village Dr City Luttand	
	•==	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS NS	1. 11 4 14 4 1	ds. How long in U.S. if of foreign birth?yrsmosds.
	Every CIANS ement	2. FULL NAME / tarry B Shull	
		(a) Residence: No. Suithland Md.	\$t Ward.
	RECORD. PHYSI Exact—stat	(Usual place of abode)	If nonresident give city or town and State
	RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Y. E.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the ward)	21. DATE OF DEATH
てち	E .	male while married	(Molfn) (Day) (Year)
Z	MANEN A C T L assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
0		(or) WIFE of Law Inubly.	1 HEREBY CERTIFY, That I attended deceased from may 14, 1934, to may 23, 19374
BINDIN	PERM EX / ly clas ate.	6. DATE OF BIRTH (month, day, and year) Left 26. 1870	I last saw h walive on may 23/ 193 4: death is said
	P]	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at U'S Rm.
FOR	IS A PE stated E properly certificate.	63 64 7 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	sta sta pro cert	8 Trade profession or particular	were as follows: Of the following the part of the par
VED	THIS Id be ty be tk of c	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Compart 1 s-1434
	ould may pack	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and this programme).	
RESER	NK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11, Total time (years)	
ES	o t M	O 1D. Date deceased last worked at this occupation (month and year)	
2	INFADING I pplied. AGE erms, so that instructions of	7	Other Contributory Causes of importance:
GIN	DE Se ucti	12. BIRTHPLACE (city or town) (State or country)	Pulmary Oldena 5.21.34
25	UNFA supplied n terms, ee instru		
3		I Survey Survey	
	- PA	4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
			What test confirmed diagnosis? Was there an autopsy? 40
	PLAINLY, WITH hould be carefully JF DEATH in plai very important.		23. If death was due to external causes (VIOL ENCE) fill in also the following:
-	AINLY, ld be car DEATH y import	O 16. BIRTHPLACE (city or town) White	Accident, suicide, or homicide? Date of injury, 19
	III P	Of Cliffon	Where did injury occur? (Specify city or town, county and State)
- 1	A DO V	17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR MANAGEMENT	· ·
	F-7 - W2	Progaraloga Paro Joshe May 23, 1034	Nature of injury
	-WRITE mation s CAUSE TION is	Tito DO OF R	
0. 1	T E O E	19. UNDERTAKER W. W. L. Lander Company (Address)	24. Was disease or injury in any way related to occupation of deceased?
Zi Zi	B B	21 23 31/ An	(Signed) 20. D. Inhard M.D.
>	z	20. The 19.04 () Maria	(Address) Gol Min M. Y.E.
11.7	0		2411 N. Charles Street, Baltimore, Requesting U. S. Noft.
			washington di.

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V. S. No. 1

	RECO	T. PH	Exact		
DITTO	RMANENT	XACTL	classified.		
FOR DI	IS A PE	stated E	properly	certificate.	
עיז י	THIS	ld be	ty be	ck of	
THE THE PROPERTY OF THE PROPER	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.	
	Z		garant.		

of OCCUPA-

statement

1. PLACE OF	DEATH	4		75)	111
County	June	Leon	2/9	Registration Dist. No.	6 H O
Village or Ci	ty Xoyatt	oville	md	death occurred in a hospital or institution, give its NAME instead of street a	War
Length of resid	lence in city or lown where	death occurred	yrsmos		
2. FULL NAM	ME Millian	Jora	est Tu	totall	
(a) Residence	e: No. 801-	Fla 6	eve nu	St. De Ward.	
		(Usual plac		If nonresident give city or town	
	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	H
male	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May 28	193 4
a. If married, widowe	nd or divorced	1 /41	ngte	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	a, or divolced			22. 1 HEREBY CERTIFY, That I atten	ded deceased fro
, 31			. 0.0.5	may 27, 1934, to may 2 a	19.3
	month, day, and year)	nov. 2	2,1891	I last saw have alive on may 28, 190	death is sa
AGE Year	s Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et 2.3.7.2m.	
1	+2 6	6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profes	sion, or particular ork done, as SPINNER,	Flore	sh		
SAWYER,	BOOKKEEPER, etc		************	Lararae aclareción de	ill.
work was	done, as SILK MILL, L, BANK, etc				
kind of w SAWYER, 9. Industry or b work was SAW MILL 10. Date decease this occup		11. Total	time (years) ent in this		
year)		00	upation	Other Contributory Causes of Importance;	
2. BIRTHPLACE (city		ou A	P	7. A. A.	
(State or coun	try)	- Au	1 1 11	Milcokolism acute	
13. NAME 14. BIRTHPLACE (State or	rudam	- Ju	esnave		
14. BIRTHPLACE		En	naw	Name of operation Date	of
(State or	10 - 10-11	1 /3	1000	What test confirmed diagnosis? Was there	an eutopsy?
15. MAIDEN NAM	TE CAMERICA	0/4	JUNIC.	23. If death was due to external causes (VIOLENCE) fill in also the follo	
15. MAIDEN NAM		7/	A _	Accident, suicide, or homicide? Dale of injury	
-	7 Miliares	Bull	25-00	Where did injury occur? (Specify city or town, county and	State)
(Address)	4512.9	Aug /	in the	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE,
B. BURIAL, CREMATI	ON, OR REMOVAL	Pi	men H.	Manner of injury	
Place	and D	Date M	dy 2. 619 3 4	Nature of injury	
D. UNDERTAKER	M. M. /	hami	Jus 10	24. Was disease or Injury in any way related to occupation of deceased	7
(Address)	400 CM	genia	t mus	If so, specify	
man	28", 24 TF	P. ans	ap. Some	(Signed) May Kard Jahranson	М.
D. FILED J. IL. CULL.					n

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Example I		Example II	
The principal cause of death and releases of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	177
1. PLACE OF DEATH	(31)	~
County Vruce Leage	Registration Disk. No.	9
Village or City Ity alterible Med	No. Jacobed Feart Mue 86, death occurred in a hospital or institution, give its NAME inspect of street and numb	Ward
	death occurred in a hospital of institution, give its 17/1/1/1. Institution of street and number of street and num	ds.
2. FULL NAME Grabella, Givery	00100	
(a) Residence: No. Warred Heart / true	Ista Gold D. 6	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purice tha word)	21. DATE OF DEATH Way 7	. 4
kyesto will warved	(Month) (Day)	(Year)
53 If married, widowed, or divorced HUSBAND of (or) WIFE of Leone H. Leone	22. Self 28 1931 to Way	ased from
6. DATE OF BIRTH (month, can, and year) and 16. 1838	11/1/20 11/20 9 / 21/	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at	
95 96 8 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	A. alaman
8 Trade profession or particular	arterio schlerous	193/
SAWYER, BOOKKEEPER, etc.	Gaugrene both lags and feet 4	1/26/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Bargrenz bother handage	11
10. Data deceasad last worked at 11. Total tima (yaars)	nigrandeles 5	13/3
o this occupation (month and spent in this year) occupation		/
12. BIRTHPLACE (city or town) Eugland	Other Contributory Causes of Importance:	
(State or country)	Cardis vassulas renal	
13. NAME Treese	deseal	Wyz
13. NAME TURSE 14. BIRTHPLACE (By or town) England	Nama of operation Date of Date of	
(Stata of country)	What test confirmed diagnosis? Was there an au'op)sy?
15. MAIDEN NAME Clegabeld Perret	23. If daath was dua to external causes (VIOLENCE) fill in also tha following:	
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	., 19
(State or country) Quel and	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT CAPPLY TWEEN S. 6.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Placa Place Date 193 4	Nature of injury	
19. UNDERTAKER Celebrary of Bushorst	24. Was disease or injury in any vary elated to accupition of deceased?	>
(Address) Wash. 200	If so, specify Office Objatling	
20. FILED May 7", 1934 Mrs. Jas. Dever	(Signed) 2200 B WE	M. D.
hepity Registrar.	(Address) L. L. O. L. S. M. S.	9

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 934	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

should state OCCUPA-

JO

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	(2) (1)
County Gruce Leonges	Registration Dist. No. 135
Village or City 12 oulevard 74ghle	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	death occurred in a norpital of institution, give its INALYTE, instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME William E. Thuy	rhes
(a) Residence: No. 43/8 - Foromend and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write He word) Whate Married	21. DATE OF DEATH Menth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Maggie E. Cleaves	22. I HEREBY CERTIFY. Thet I attended deceased from april 1 - 1934, to the april 1936
6. DATE OF BIRTH (month, day, and year) May . 29-1840	I last saw h Mulalive on May 6 , 19 3 & death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, &
8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Thrombusis Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (month and	Semility
1D. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Dither Contributory Causes of importance:
13. NAME Thighie Thickes	
13. NAME / Lughié / Lughes 14. BIRTHPLACE (city or town) Wales	Name of operation
	What test confirmed diagnosis?
15. MAIOEN NAME Circulate 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, I9
17. INFORMANT Maggie & Thughes (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar TECH Date 5/8 - 19-34	Menner of injury
19. UNDERTAKEN Thomas Fr. Murcyo Jon. (Address) Washington	24. Was disease or injury in any way related to occupation of deceased? 70
5/4 2/1 Ph M:	10 Jan 2 3 Mary "

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importanee, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	OZALZOZWI	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(172)
County Trains again	Registration Dist. No. 242
Village or City Seat Theasant	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Saward Jack	eon,
(a) Residence: No Sept Oleans	Ward.
(Usual place Labode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (work the word)	21. DATE OF DEATH
mare maried married	(Month) (Day) (Year)
5a. It marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Cice margrett Jackson	22. I HEREBY CERTIFY. That Lattended deceased from
8 0 1 .5-	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) July 26 0 7. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 439 (m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
o kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retried	and the state of t
9. Industry or business in which	abather and their
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data daceased last worked at this occupation (month and spent in this	
year) occupation	Other Carlotte Comment in the comment of the commen
12. BIRTHPLACE (city or town) And Worth	Other Contributory Canses of importance:
(State or country)	
13. NAME Herchare, Jackson	
13. NAME Herchan, Jackson 14. BIRTHPLACE (city or town) Gorh	Name of operation Date of
(State of country) Trecand	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Helley	23. If death was due to external causas (VIOLEMCE) fill in also the following:
16. BIRTHPLACE (city or town) Mexico City	Accident, suicide, or homicide? Longe of Det injury 31, 1934.
(State or country)	Where did injury occur? Age at D lessont
17. INFORMANT Hattee Sabatino	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Coal & New Sele	Gun Home
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Augusta
Place A all Appare June 21934	Nature of injury Quantity would
19. UNDERTAKER (UC) Chan has (C)	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) 5 / 7	If so, specify 10 - P 5 F
20 5450 Care 2 2 4 Harris 20 20	(Signed) M.D.
20. FILED HAVE of 1915 4 JACE Registrar.	((Address)
If more danks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

em of infor-	should state	f OCCUPA.	
SCORD. Every is	PHYSICIANS	act statement o	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ě
THIS IS A PI	ld be stated I	ay be properly	ck of certificate
ADING INK-	d. AGE shou	s, so that it ma	ructions on ba
, WITH UNF.	refully supplie	in plain terms	tant. See insti
ITE PLAINLY	on should be ca	SE OF DEATH	TION is very important. See instructions on back of certificate.
N. BWR	mati	CAD	TIOI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05180
1. PLACE OF DEATH	
county have longs	Registration Dist. No.
Village or City upper heart tow	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
V / X - L	ds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jan purto	property of
(a) Residence: No. / Manual place of abode)	St., Ward. If nonyesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH May 16 1934
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of Addlinas tarkouts	22. ! HEREBY CERTIFY, That I attended deceased from
1911	, 19, to, 19
6. DATE OF BIRTH (month, day, end/year) 7. AGE Years Months Days If LESS then	I lest saw h; deeth is seld
2-3lday,hrs.	to have occurred on the date stated above, at
8-Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tuber on long
9 Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	hiphrocean in
10. Oate deceased lash worked at this occupation when the difference of the company of the securation occupation.	attersdame
12. BIRTHPLACE (city or town) When In allow	Other Contributory Causes of importance:
13, NAME Hoon Sellman	
(State or country)	Neme of operation Date of
15. MAIDEN NAME June Owen	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Turn trying Count	Accident, suicide, or homicide? Date of injury, 19
(State or country) high and	Where did injury occur?
17. INFORMANT Supper Months Many	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place All Moete May 18, 1934	Nature of Injury
19. UNOERTAKER OF THE MEAN OF	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 17, 1984 Nous Just	(Signed) Many Mark wally
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1	E.D.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(15181
County Prince George	Registration Dist. No. 245
Village or City Hyattorille	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME ambrose O'Keefe	
(a) Residence: No. 39 - Johnson are (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marie d Marie d	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Marie Mills. O'Keefe	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and year)	I last saw him alive on the 1934 death is said
7. AGE Yeers Months 2 Days If LESS then	to have occurred on the dete steted ebove, \$tSm.
79 80 3 month 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8 Irede, profession, or perticuler kind of work done, es SPINNER, Proof Reader	Clubral trumba
SAWYER, BOOKKEEPER, etc	desel umbesto
10. Dete deceesed last worked et this occupation (month end yeer) 11. Total time (years) spent in this yeer) 0ccupation 29	
12, BIRTHPLACE (city or town) alkany (State or country) New Work	Other Contributory Causes of importance:
13. NAME A LEGICIA	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
15. MAIDEN NAME LUNCON	Whet test confirmed diegnosis? Wes there en eutopsy? 23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Les author of left	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE IT JUN COLM Md Dete May 16, 1934	Menner of injury
19. UNDERTAKER J. Jas ch's Single (Address) June atta and a man	24. Was disease or injury in eny wey related to occupetion of deceesed?
20, FILEMAN 15" Jo 34 Mrs Jas, Denere)	(Signed) M. D.
A Malas T. Registrar.	(Address)

If more blanks are needed, address late Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Su for	n- Kill in	nder 0/1/Keel. 7-3	-34
			100/00

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

	STATE (OF MARYLAND-	CERTIFICATE OF DEATH 05	182
1. PLACE O			(92-0)	
County_P	rince Georges		Registration Dist. No.	45
Village or C	city Riverda	le	No. 508 Lincoln Ave. St.,	Ward
Length of resi	idence in clly or town where	death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street a ds. How long in U.S. if of foreign birth?yrs	nd number)
2. FULL NA	ME Estelle T	Otley.		
	nce: No. 508 Line		St., Ward. If nonresident give city or town	
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	The second secon
3. SEX Female	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 23	1934
5a. If married, widow HUSBANO of (or) WIFE of		g. Otley	I HEREBY CERTIFY, That I ettend	(fear)
6. DATE OF BIRTH ((month, day, end yaar)	ug 28 - 1901	I last saw here aliva on May 22/ 193	4; deeth is said
7. AGE 133	Months 8	0 ays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above at	
8 Trada, profes	ssion, or particular work done, as SPINNER, , BOOKKEEPER, atc.	Comercia	Elkerative	Oate of enset
9. Industry or	business in which s done, as SILK MILL, L, BANK, etc.		Endreaditio	June
10. Dete decease this occur year)	ed last worked at pation (month and	11. Total tima (years) spent in this occupation		1933
12. BIRTHPLACE (cit (Stata or cour		lengton N.C.	Other Coatributory Causes of importanca:	1
13. NAME 14. BIRTHPLACE (State of	Bery G.	Batson	Unlooks a ven	
14. BIRTHPLACE	(city or town) Jack	nuelle	Name of operation Dete of	
15. MAIOEN NA	ME L		What test confirmed diagnosis? Was there a	
16. BIRTHPLACE	1112	Leas Carrely	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Dete of injury Whare did Injury occur?	
17. INFORMANT (Addrass)	Pauline 508 Livered	and Jungo mo	(Specify city or town, county and S Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC	itate) PLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL &C	Oate 5/75 ,134	Manner of Injury	
19. UNOERTAKE	Marlin A	Hysoig Co.	24. Was disaasa or injury In any way related to occupation of occased?	
80. FILED May	23, 10 34 M	no serere	(Signad) Hay Guorff	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE I	FOR .	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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BINDING

RGIN RESERVED

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	Example I	1	Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3011 10 1304	July 5,1927	Peritonitis	3 days ago
	KUREAU V S		- n-1 - 0 - 1	
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallslones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every ite mation should be carefully supplied. AGE should be stated EXACTLYPHYSICIANS SICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificate.	ite	Vi	of	
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO mation should be carefully supplied. AGE should be stated EXACTLYPH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TJON is very important. See instructions on back of certificate.	RD. Every	YSICIANS	statement	
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.	RMANENT	XACTL	classified.	
N. B.—WKITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	IS A PE	stated E	properly	certificate.
M. B.—WRITE PLAINLY, WITH UNFADING INK—T. mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back	HIS	pe	pe	jo
	N. BWRITE PLAINLY, WITH UNFADING INK-TH	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. mos._____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH QR DIVORCED (write the word) (Month) 5a of married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at _______30/_ m. I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER. OCCUPATION arlen (42) SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this oc:upation 1 Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) --Name of operation.... (State or country) What test confirmed diagnosis? Was there an au'opsy? HER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: MOT 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?______ Date of Injury_______ 19_____ (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?. (Address) If so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ROUGEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERT	TIFICATE	OF	DEATH
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1. PLACE OF DEATH	2
County Orine Leage	Registration Dist. No. 23/
	No Intercept Sanitarium St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 10 ds. How long In U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Louise & Schults	
(a) Residence: No. 1719-35-4 Mask & (Usual place of abode)	CSt, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may 2 193 4
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND OF Marcus Frank Scholly	22. I HEREBY CERTIFY, That I ettended decaased from 23, 1934, to may 2, 1934
6. DATE OF BIRTH (month, day, and year) 21 10-11, 1868	I last saw her alive on may 1, 193 deeth is seld
7. AGE Yaers Months Days If LESS than	to have occurred on the dete stated above, at 5.2.2m.
66 2 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceusos of importenca were as follows:
8 Trade profession or particular	Outrong active 18ms
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and	belateral
10. Dete deceased lest worked at this occupation (month and yeer)	(Date of onset based on history) Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Stewlieskey (Stete or country)	
13. NAME Frank. Harres	
13. NAME OFFICE. Harris 14. BIRTHPLACE (city or town) Sentenbey (Steta or country)	Name of operation Date of
	What test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town) Otentucky	23. If death was due to extarnel ceuses (VIOLENCE) fill In elso tha following: Accident, suicide, or homicida?
17. INFORMANT Bennevel Schubte (Address) 17/9 35th 5).	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Wack. D. C. Data 5-2-, 19 34	Neture of injury
19. UNDERTAKER Directly Thankon	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 5/2 1934 Blother	(Signed) A Ammona M. D.
Registrar.	(Address) Koyattaville, Ing.

If more blanks are negled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ंहिता ०			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
200			

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05186
1. PLACE OF DEATH	(0)
County Prince george	131)
7 · 1 1 fr - t	Registration Dist. No.
Village or City Tarruot 179	No. Ward death occurred in a hospital or institution, give its NAME vistead of street and number)
	15. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES mith, Colgar	
	8hotas CA
(a) Residence: No. (Usual place of abode)	St., Wards January If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Regno OR DIVORCED (write the word)	May 14 1934
5a. If married, widowed, or divorced	(Month) (Dyy) (Year)
HUSBAND of (1) Caster Smith	22. I HEREBY CERTIFY, That I attended deceased from
(2) Salle Smith	april 30 , 1934, 10 May 14, 1934
6. DATE OF BIRTH (month, day, and year) worth . Day 1/832	. I last saw him alive on way 14, , 18-35; death is said
7. AGE Years Months Days Vif LESS than	to have occurred on the date stated above, at 100.75 npm
7 7 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	strterioscleratione - 9
9. Industry or business in which work was done, as SILK MILL, I wish SAW MILL, BANK, etc.	shoois
10 Date described but worked at a series 11 Total time (waste)	
10. Date deceased last worked at this occupation (month and year) 24 11. Total time (years) spent in this spent in this year)	4
Slda-Transitor	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	normaliquant roda 4/2934
	the by settrofship with
13. NAME Smith Jose	unethal obstructions
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Joseph Smith Son	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sparlsavanne, la	
18. BURIAL, CREMATION OR REMOVAL DE 15/15/1	Manner of injury
Place Washington Date 17 , 1924	Nature of injury
19. UNDERTAKER Am U, Deward	24. Was disease or injury in any way related to occupation of deceased?
(Address) 30 H M C	if so, specify
20. FILED start 15 1934 Grace down	(Signed) The order M. D.
Defull Registrar.	(Address) 8 2 44 St N.E.
If more blanks are needed, address State Registrar, 2	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

should state

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 05187
1. PLACE OF DEATH		
County Trues y	enges,	Registration Dist. Np. 230
Village or City area & Dr.	myii, ud	NDSt.,Ward
Length of residence in city or town where death		f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Itaru)	Slewart
(a) Residence: No.	Verille, 419.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH We are (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 -	22. I HEREBY CERTIFY, That I atlended deceased from
(or) WIFE of		way / Y 193 Y to Hay / Y 1980
6. DATE OF BIRTH (month, day, end year) Wa	11 14.16 V	I last saw han alive on 19 death is said
7. AGE Years Months	Pays If LESS than	to have occurred on the date stated above, at 7/3 P. m.
	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	A > A /	were as follows: Premalina with Date of Onest
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	lulci	40
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month end year)	11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Was Bel	toriels.cul	Dther Contributory Causes of importance:
(State or country)	00	
I 13. NAME SHULL C.	Minast	
13. NAME 14. BIRTHPLACE (city or town)	12 and 6/25 12	Name of operation Data of
(State or country)	0 1	What test confirmed diegnosis? Was there an autopsy? O
15. MAIDEN NAME SAMAGE &	ekky	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	W.C.	Accident, suicide, or homicide?
E (State or country)		Where did injury occur?
17. INFORMANT John Cheste	a Stewart.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL	econer te	Menner of injury
Placa Derposed of laced	itelle/ 19	Nature of injury
V	./	24. Was disease or injury in eny way releted to occupation of deceased?
19. UNDERTAKER	********	If so, specify
marell 34 ml	× 00 -11	(Signed) US (LUM Surfal) M.D.
20. FILED May 16, 19 34 John	Registrar.	(Address) Berungs (W.)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10 A).
County Prince Terral	Registration Dist. No. 245
MITAIN CORPORATE DATE DE DE	" 824 ta +10
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos.	
2. FULL NAME Patha O. I rott	
(a) Residence: No. Phyattrulle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Colorence It I patt	22. I HEREBY CERTIFY, That I attended deceased from
	1934, to way 8, 1934
6. DATE OF BIRTH (month, day, and year) Nov 23 - 1876	I last saw h alive on 19 3 1; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data statad abova, at
3 9 0 5 13 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
Trade, profession, or particular kind of work dona, as SPINNER,	Injocardial chrofficiency
SAWYER, BOOKKEEPER, atc. Warnestic	phenotized anteliosole sis
work was done, as SILK MILL.	· · · · · · · · · · · · · · · · · · ·
SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and year) occupation (month and occupation	
Miel	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) // (Stata or country)	
I 13. NAME Poly St. Roul.	
I was	
4. BIRTHPLACE (city or town)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of County)	(Specify city or town, county and State)
17. INFORMANT Charles 6, I note	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Asyallande mad	
Place Hilliard Ha Date May 1934	Manner of Injury
V RI O	Natura of injury
19. UNDERTAKER & Das Cha June	24. Was disaasa or injury in any way related to occupation of daceasad?
(Addrass) that ville and	If so, spacify
20. FILED May 11, 19 84 VMD Jas Dever	(Signad) M. D.
Danit Registrar.	(Addrass) 10 Jenes of Botterlo, (10)
If more blanks are needed, address Scale Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

(M S)	item of infor-	should state	of OCCUPA-	
	RECORD. Every	. PHYSICIANS	Exact statement	
R BINDING	A PERMANENT	ed EXACTLY	serly classified.	ficate.
RGIN RESERVED FOR BINDING	INK-THIS IS	E should be stat	it it may be proj	on back of certi
RGIN R.	TH UNFADING	lly supplied. AG	olain terms, so the	See instructions
•	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
. 1	=	ma	CA	TI

STATE OF MARYLAND—CERTIFICATE OF DE	ATH
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11	18	т.	A	14
U	U	J.	0	J

1. PLACE OF DEATH	
County Prince Georges	Registration Dist. No. 242
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Link	Jivi
(a) Decidence No. 1.	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yder)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Tattended deceased from
(0) 1112 01	19 to 19
6. DATE OF BIRTH (month, day, and year)	land saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Premature 3 1/2 monthsor min.	were as follows.
8 Trada profession or particular	Prematurity Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	-
H 13. NAME	
14. BIRTHPLACE (city or town) how	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Place april Heights Date June 5, 1934	Manner of injury
19. UNDERTAKER David Idallar (acting)	24. Was disease or injury In any way related to occupation of deceased?
	WART TO A TOWN
20. FILED June 5, 19 John E. West	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE PLAINLY, WITH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	LYSICE/	AN
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mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH)	93-0
County Vince Gorac	County Registration Dist. No.
Village or City MV. Range Amel	
(II	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrsds.
2. FULL NAME Michael & Hal	should so . 3 l
(a) Residence: No. 39/2, - 30 th 71.6	S. St., M. Ward Carner mil
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH
Male It hite OR DIVORCED (write the word)	Mee 16 193 4
5a. If married, widowed, or divorced	(Monty) (Day) (Year)
HUSBAND OF Cor WIFE OF	22. 0 I HEREBY CERTIFY. That I ettended deceased from
1911 1852	may 16 1927 to May 16 , 1929
6. DATE OF BIRTH (month, day, end year) 1852 7. AGE Years Months Days If LESS than	1120
8/ 8 2/0 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or sectionles	were es follows: Oate of onset
NOT Held, profession, or particular to the first work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end of this programation from the profession).	Aut Condi
o Industry or business in which work was done, es SILK MILL.	Whatin
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end fine year) occupation (crupation)	`
de Colonia	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) CHUNGY (State or country)	Charles In a les
- Sugarin	
E	
14. BIRTHPLACE (city or town)	Name of operation Date of Wes there an au'onsy?
15. MAIDEN NAME Natherine Galsin	What test confirmed diagnosis? Wes there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Nathurus Galvin 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State of country)	Where did injury occur?
17. INFORMANT Masy C Walch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 3912 + 30 - m & mr. Ranua	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place V.V	Nature of injury
19. UNDERTAKER	24. Was disease or injury in eny way releted to occupation of deceased?
(Address) Wall	If so, specify
20. FILED Vin 76 , 150 4 / fay having the	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05191
1. PLACE OF DEATH	(48)
County Virince Jeorge	Registration Dist. No. 245
Village or City Exyatticelle md	ND. 920 Madisace are St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rosa L Watkins	
(a) Residence: No. Syntacille med (Usualplace of abode)	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Therefore d	21. DATE OF DEATH May 10 193 4.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF WIFE OF Walter St. Watterne	22. I HEREBY CERTIFY. That I attended deceased from Sept. 1931, to Mary 11. 1924.
6. DATE OF BIRTH (month, day, and year) July 21, 1870	I last sawh W alive on May 11, 19 4; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the dete stated above, at A.m.
8 Track refersion or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Track profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Carcinoma of in utoms 1930
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	general mutas taxis Cuza
10. Date deceased last worked at this occupation (month end year)	Myscaraites : General Mustation . 1932.
12. BIRTHPLACE (city or town) Maryland	Dither Contributory Causes of Importance: - Isumany storing carcinome & complicated
(State or country) 13. NAME George, w. Mathera	by spille liones of genitalia Duration 3 years.
14. BIRTHPLACE (city of town) Va.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Marcyland	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Marie 6. Feller (Address) Riverdale maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Sedar From md Date May 13, 1934	Manner of Injury
19. UNDERTAKER Francis Gagchis forms (Address) Myatteville and	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 12", 1934 Mrs. Jas Server. Registrar.	(Signed) Malligheaue M. D. (Address) Riperale, Med,
If more blanks are needed address tate Registress	Care N. Charles Care B. Liman D

17, 2411 N. Charles Street, Baltimore, Requesting 'U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County Prince Georges	55-d Paristation District 17-7 2
Village or City lepher in arevor in	Registration Dist. No.
	NOSt., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME William Edward We	els
(a) Residence: No. Lefter Machino M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE, OR DIVORCEO (write the word)	21. DATE OF DEATH May 10 193 4
5a. If marriad, widowed, or divorced HUSBANO of	(Month) (Oay) (Yéar)
(or) WIFE of	22. March 1934: Mars 10 1934
6 DATE OF RIRTH (month day and year) June 2 9 1920	Mars 10 1 311
6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Oeys If LESS than	to have occurred on the data stated above, at 190 m.
/3 // 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance
8 Trade profession or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate dacassed lest worked at II. Total tima (yaers)	Jumor of bram: 1100
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Jumor of cerebellum. Type, engleterwings
SAW MILL, BANK, etc	unable to may whether or not it was ma-
10. Oate dacased lest worked at this cocypation (month and year) Year) 11. Total tima (years) spent in this occupation.	lignante. Quigo.
12. BIRTHPLACE (city or town) leffer mach h	Other Contributory Causes of importance:
1 11	
7	Tarill land
(Stata or country)	Name of operation Internal Oate of March
15. MAIDEN NAME ESTELLI E. WWILL	What test confirmed diegnosis? Was thera an autopsy? 23. If daath was due to axternal causas (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME ESTELLI E. WYVILL 16. BIRTHPLACE (city or town) Lephus Wall (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Edward V. Wells (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Garmel Date May, 12, 1924	Nature of injury.
19. UNDERTAKER Ritchies Brothers	24. Was disease or injury in any way related to occupation of dacaased? 200
(Address) upher marloga maryland	If so, spacify
on such has 11 234 for the	(Signed) Kerrerdy Steel Cel M. O.

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago ·Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

20. FILED

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05193
1. PLACE OF DEATH	
0.	232
County Sruce Learge	P Registration Dist. No.
Village or City Upper Marlbores, my	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,Omos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Courtland Hill We	iefes
(a) Residence: No. Upplit Warkboro, H	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH Mary 3/ (Manth) (Day) (Year)
5a. If markied, widowed, or divorced HUSBAND of (or) WIFE of Daisy Rich Wicks	22. I HEREBY CERTIFY, That I attended deceased from 700 6 ,1933, to Mary 31 ,1934
C DATE OF DIRTH (month day and was) Was by 11/ 18611	Hast saw h the aliva on Mary 3/ 1934; death Is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 23 P.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trada, professioń, or particular kind of work done, as SPINNER, Farmler, SAWYER, BOOKKEPER, etc.	Greenoma of 1933.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Secondary anewin march
10. Date deceased last worked at this occupation (month and year)	0 /934.
12. BIRTHPLACE (city or town). Long Island, (State or country)	Other Contributory Causes of importance:
13. NAME Selah Wirles	
14. BIRTHPLACE (city or town) Long Island (State or country) Heave Warlt	Name of operation William Date of What test confirmed diagnosis? Churcal History Was there an au'opsy?
15. MAIOEN NAME Ester Smith 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Lang Island	Accident, suicide, or homicide?, Date of injury, 19
El (State or country) V Hew York.	Where did injury occur?
17. INFORMANT Deceased,	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place The wellbrutul Date from 27, 1974	Manner of injury
19. UNDERTAKER States (Address) Works Many Many	24. Was disease or injury in any way related to occupation of deceased? 200

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed) Saul C. Van Z

(Address) Bernings De. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 31 61			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year